PET QUARANTINE AND EXAMINATION CERTIFICATE

(See DD Form 2005 for Privacy Act Statement)

PART I - CERTIFICATE OF COMPLIANCE

Control #

Japanese law requires pets entering Japan to be quarantined up to 180 days. Pets belonging to U.S. Forces personnel may be placed in a "Working Quarantine" in the custody of the owner for on post/base housing, providing all paper work has been properly completed. Quarantine length depends on rabies vaccine history, Fluorescent Antibody Viral Neutralization Test (FAVN) results, date of FAVN testing, proper identification, and appropriately prepared and verified documents. **You must 1)** report to the U.S. Forces veterinary clinic **within 72 hours**, or the first clinic day following arrival of the animal to Japan, **2)** present your animal to the U.S. Forces veterinary clinic **within 72 hours** of completion of the quarantine requirement. Failure to do so is a violation of the quarantine law, resulting in a fine up to 50,000 yen per animal. (USFJ PL 4-3).

In accordance with the above, I request the pet(s) described below be placed in quarantine in my custody. I agree to present my pet(s) to the nearest U.S. Forces veterinary clinic. I will immediately notify the U.S. Forces veterinary clinic if my pet exhibits unusual behavior, any sudden symptoms, or should become ill or die. I will keep my pet(s) within my household on U.S. Installations at all times during the quarantine period. I will not allow my pet(s) to come in contact with other animals or people other than the members of my immediate family. I fully understand and will comply with above regulations, including all quarantine requirements and understand that any failure to do so will result in forwarding a copy of this report through command channels.

regulations, including all quara copy of this report through com			ents an	id unde	rstand that	any failure to	o do so will result	in forwarding a	
Name and grade of sponsor							Sponsor's SSN		
Name and grade of authorized representative (if applicable)					Signature of owner or authorized representative				
Complete local military address of owner (or gaining unit address)				<u>.</u>	Quarters #				
						Telephone #			
Gaining Unit Name					Duty #				
		PART	II - DE	SCRII	PTION OF	PET(S)			
Microchip #	Pet Na			ex	Age	Color	Species	Breed	
(1)			М	F					
(2)			М	F					
(3)			М	F					
		Date	and Pl	ace of F	Rabies Vaccin	ation			
(1)	(2)				(3)				
Arrival date of pet(s) Country of origin			gin		Name of airline & flight #				
	PART	III - INI	TIAL (QUAR	ANTINE E	XAMINATI	ON		
I certify the pet(s) described above was/were examined by me and found to be free from symptoms of communicable diseases. According to current regulations, the pet(s) is/are placed in custody of the owner for a period of days.									
Remarks:									
Final quarantine date:				Final quarantine place:					
Typed name and position of animal quarantine officer				Signature					
	PART	IV - FI	NAL C	QUAR	ANTINE EX	XAMINATION	ON		
I certify that the pet(s) described above was/were examined by me and found to be free from symptoms of communicable diseases. According to current regulation, the pet(s) is/are released from quarantine.									
Remarks: Actual Release Date:									
Typed name and grade of veterinarian				Signature					